

Shipleigh Hall Limited

Shipleigh Hall Nursing Home

Inspection report

The Field
Shipleigh
Heanor
Derbyshire
DE75 7JH

Tel: 01773764906

Date of inspection visit:
19 November 2019

Date of publication:
12 December 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Shipley Hall Nursing Home specialises in providing nursing and personal care for up to 30 older people with a range of age-related conditions including frailty and dementia. The service provides accommodation on the ground and first floor. There are large extensive gardens which people could easily access. There were 22 people living in the service on the day of our inspection.

People's experience of using this service and what we found

People were protected from the risk of abuse, and staff were knowledgeable about how to recognise and report concerns of abuse. There were systems in place to protect people from the risk of harm and abuse, and people, relatives and staff felt confident to raise concerns about unsafe care.

People were supported to be as independent as possible whilst remaining safe. Key information about people's care needs was available to staff in the event of an emergency.

People were supported to have a varied and balanced diet. However, some improvements were needed to improve the dining experience.

People were supported by staff who routinely promoted privacy and dignity. Comments from relatives and people were positive.

People had access to a range of health and social care professionals for advice, treatment and support. Nurses and care staff monitored people's health and well-being effectively and responded quickly to any concerns.

Staff were recruited in a safe way. The provider took steps to ensure checks were undertaken to ensure potential staff were suitable to work with people needing care. Staff received supervision and had checks on their knowledge and skills.

Staff received an induction and training in a range of skills the provider felt necessary to meet the needs of people at the service. Nurses received clinical supervision from the provider and had opportunity to attend training to maintain their professional registration.

Staff had a good understanding of people, their likes and dislikes. There was enough staff to meet people's needs. Staffing levels should be kept under review if numbers of people receiving a service increase.

Medicines were managed, stored, administered and disposed of safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received training and ongoing skills assessments that enabled them to be confident in supporting people with medicines.

There were mixed views about how staff felt about expressing their views to make improvements to the service. The provider who was in day to day management of the service had systems in place to monitor the quality of care provided and to continuously improve the service. The manager, nurses and staff engaged well with other services and had developed positive relationships with health and social care professionals.

The service was well maintained and was clean and tidy. However, the home was not dementia friendly. The provider who was also the manager had begun to address this and had purchased dementia friendly signage. There was a refurbishment programme which would also help to make the service more dementia friendly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 27 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shipley Hall Nursing Home on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Shipleigh Hall Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Shipleigh Hall Nursing Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a manager who is registered with CQC. At the time of the inspection the service was managed by the registered provider who was in day to day management of the service. The provider has applied to be the registered manager and the outcome of this application was being considered at the time of the inspection. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the manager, a nurse, three team leaders, the activity coordinator and the head cook. We reviewed a range of records. This included two people's care records and their medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed information received from the clinical quality manager from Derbyshire CCG. No concerns were identified.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Systems and procedures were robust.
- People and their relatives told us they felt safe at the service. A relative said, "The staff are kind. They keep my [family member] safe." Another said, "I have no concerns, and I know the care is okay." One person said, "I'm safer here than I would be on my own at home. I know I can press the buzzer – even if I have to wait."
- Staff had received training on how to recognise signs of abuse and were able to tell us about how to support people to stay safe and protect them from abuse or harm. One staff told us, "I would not hesitate to report anything of that nature to the nurse or the manager." Another staff told us, "I trust my colleagues we do our best for people that live here."
- The manager appropriately reported incidents of potential abuse to CQC and the local safeguarding team. There were no ongoing safeguarding investigations at the service at the time of the inspection. We discussed a recent safeguarding with the manager and they showed us evidence to support the services procedures that were followed.

Assessing risk, safety monitoring and management

- There were appropriate risk assessments which helped to keep people safe. Care plans reflected people's identified risks. These included risks associated with lose of weight, risk of developing pressure areas, medication and people at risk of choking.
- Risk monitoring was kept to a minimum to ensure people stayed safe in the least restrictive way. One person said, "I can go out on my own. I'm waiting for my mobility scooter. They help me when I need it. It's nice to have someone to talk to. I wasn't mobile when I first came here."
- People were protected safe premises. Environmental risks assessment had been carried out. Equipment used in the service was routinely maintained. The manager told us they would report any faulty equipment to the suppliers straight away.
- There were safe processes to support people's needs in the event of a fire. Each person had an emergency evacuation plan in their care plan. This described the assistance the person would need to vacate the building safely. Staff told us they had attended fire training updates and would know what to do in the event of a fire.

Staffing and recruitment

- There were safe recruitment processes in place. For example, gathering references from previous employers to ensure staff were of a good character.
- Staff rotas confirmed there were enough staff to meet people's personal needs. However, our observations noted staff were busy and did not seem to have time to engage in meaningful conversations.

We asked the manager to continue to review the number of staff on duty at peak times of the day and if the number of people living at the home increased.

- A relative said, "There is always seems to be enough staff when I visit. I can always find a staff member if I need to ask anything" A person said, "Sometimes I have to wait for a short while for attention but in the main it's okay."

Using medicines safely

- Medicine systems were robust and effective. People received their medicine as prescribed and in a safe, person-centred way.
- Protocols were in place for the use of 'as and when required medication'. We found clear concise records were in place and accurate.
- Nursing staff responsible for administering medicines had received appropriate training and had their competencies reviewed.
- The manager checked staff were competent to administer medicines on an annual basis and carried out regular checks of the records to ensure procedures were followed. Any errors or concerns were identified and dealt with appropriately.

Preventing and controlling infection

- People told us the home was kept clean and tidy. One person said, "My bedroom is always clean. The staff are very good." Another said, "I like my room, I spend a lot of time in there it's as I want it and it is always tidy."
- Staff understood how to prevent and control the spread of infection. Personal protective equipment such as gloves and aprons were available throughout the service and we saw staff using them when delivering care. Staff confirmed they had received training in the control and prevention of infection.
- The manager carried out regular checks to ensure procedures were followed.
- The home had a food hygiene rating of five stars which is the highest rating. Food hygiene training for staff and correct procedures were in place and followed wherever food was prepared and stored.

Learning lessons when things go wrong

- Incidents and accidents were recorded. This meant the manager could identify any trends and put systems and processes in place to reduce any further incidents and accidents taking place.
- Staff were aware of what needed to be reported. One staff member said, "I would contact the emergency services or their doctor if it was less serious." Another said, "We fill in an accident report and pass it to the nurse or manager who look at it and decide what action is needed."
- The manager and nurses met regularly to share experiences and any learning from events which may have occurred. Staff meeting were held regularly to discuss information to help the service deliver good standards of care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans had been developed with people or their relatives which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- People's preferences and choices were recorded, including their interests, hobbies and work life history.
- Where a person's assessment had identified the need for additional equipment or technology, this was provided. For example, some people had been assessed as at high risk of falling. Sensor mats had been obtained and put at the side of people's beds which provided staff with an early warning sign if a person was moving about.
- We observed staff offering a choice of hot drinks and snacks throughout the day.

Staff support: induction, training, skills and experience

- Staff at all levels received training which supported them to have the knowledge and skills to do their job well and effectively meet people's needs. Two staff members told us the training was comprehensive and effective. They said they had also completed vocational awards in care to level three. This showed the manager invested in staff's progression in the service.
- Staff had supervision and appraisal meetings with the manager. This allowed staff time to express their views and reflect on their practice. New staff received an induction which included shadowing team leaders.
- Staff meetings helped to inform staff of any changes to people's needs, to the service or the organisation.
- The manager had responsibility for providing clinical supervision to the nursing staff. Nurses told us they were able to attend additional training to ensure their professional accreditation was up to date.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to make suggestions about the type of food they liked. We observed a 'residents meeting' where people were asked about the menu and were able to give suggestions to add the menu.
- People's wishes and beliefs were taken into consideration when preparing meals. Meals were planned for people who required a diet suitable for conditions like diabetes, allergies or following speech and language therapist (SALTs) visits, where people were at risk from choking.
- We spoke with the head cook who was very well informed about people's dietary needs.
- Where there were concerns relating to people eating and drinking, care plans were in place and these were highlighted and regularly reviewed.
- Nursing staff followed best practice guidelines by completing the 'malnutrition universal screening tool' [MUST]. The screening tool was used to identify adults, who were malnourished, or at risk of malnutrition.

Weights were recorded where required, to highlight any changes which may need further intervention from dietitians. We saw food and fluid charts were completed for any people identified as at risk from being malnourished.

- People who had been assessed as at risk from choking were closely observed throughout their meals to minimise the risk.
- Observations over lunch showed people were offered a choice of meal. However, the mealtime experience could be improved. For example, having picture menu boards, setting tables with appropriate crockery and cutlery and providing condiments to inform people living with dementia that they were being seated for their meals.
- People who required one to one assistance with their meal was offered appropriate support.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals. The manager told us the local doctors practice held a weekly surgery at the service. People also had access to their doctor when needed. One relative said, "Staff always keep me updated on any health issues with my [family member]." However, another relative said, "They don't update me on my (family members) health on my visits, I have to go and look for them (staff) to find out how they are doing."
- People were supported to maintain routine appointments with chiropodists, opticians and dentists. Care plans contained a section on oral health care and this was regularly reviewed. One staff said, "We keep a close eye on people's oral health care because if they have denture problems they will not eat and therefore may lose weight."
- Where healthcare professionals (such as district nurses) had been involved, their advice was followed.

Adapting service, design, decoration to meet people's needs

- The service was not dementia friendly. However, the manager showed us new signage for things like bedrooms, bathrooms and toilets had been purchased. They intend to fit these once the redecoration of the building was completed. They told us the refurbishment programme would improve the service for people living with dementia.
- We observed people moving freely [if they were able] around the home. People were encouraged to socialise during the day in communal areas but could return to their bedrooms if they wished.
- People had access to large well-maintained gardens. Recent fund raising had funded a large wooden gazebo being erected for people to use when the weather improved. People said they liked the wild life which entered to gardens like squirrels, rabbits and the occasional fox.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager told us that some applications had been made to the supervisory body, however, they currently had no authorised DoLS.
- Staff had been trained in the MCA. Staff confirmed they had a basic understanding of the MCA process, but this was mainly the nurses and managers responsibility.
- Files contained MCA assessments where necessary and there was guidance on how to support people in their best interests in each area of care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Throughout the inspection we observed, kind, considerate and professional interactions between staff and people. People told us they felt staff were respectful.
- People and their relatives gave us feedback about how the staff supported them. A relative said, "When we visit you can tell the staff are respectful and people are treated as individuals."
- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds. The activity coordinator told us that religious services took place at regular intervals.

Supporting people to express their views and be involved in making decisions about their care

- Some people and their families were able to contribute to their care planning. A relative said, "Yes I am invited to attend my [family member's] review, we still feel part of their life." One person said, "I prefer my relatives to deal with my care." Another person said, "I know about things staff write about me. I trust them. I am able to make decisions about my life."
- People told us they felt confident to express their views and make decisions about their care. Care plans contained details of people's preferences.
- We observed people being involved in making choices about what they wanted to eat and drink.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocking on people's bedroom doors before entering and speaking to people in a quiet voice, so others could not hear their conversations.
- People told us staff respected their privacy and dignity, for example by keeping them covered when supporting with bathing and showering.
- People's and relatives views about the staff were mainly positive. Comments included, "We hear staff talking to people and it is always in a manner which is kind," and, "My relative is a very private person and staff respect this." A relative said, "They treat [family member] with dignity and respect. My [family member] has a friendly relationship with staff. My [family member] misses one staff when she's on holiday." Another said, "I see how staff are with people and I have no worries about any aspects of people's care."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and took into consideration their preferences. People told us they liked living at the service. One person said, "Staff know me very well, I have been here for many years, I couldn't walk when I came here I was very poorly but look at me now. Staff have helped me to get how I am now."
- Care plans were reviewed by nurses regularly to ensure records were up to date and in line with people's preferences, choice and current needs. Staff told us they had daily handovers to inform of any changes to people's care and support. The team leader said, "It's important we all know how people have been overnight. We want to provide the best possible care for people."
- People and their relatives felt they received care which was centred on their individual needs and preferences. One relative said, "My [family member] seems happy but it's early days for them." Another said, "I am satisfied with the care provided to my [family member]."
- Staff were attentive and responded to people's requests for help and recognised the importance of giving people time and attention. Staff stayed with the person they were assisting, and most staff gave their full attention to ensure mealtime was an enjoyable experience.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We spoke with the manager and staff about AIS during the inspection. We were reassured that people were supported to receive information in a format which was easy for them to understand. The team leader told us, "We know people very well and understand their body language, facial expressions when they are happy, in pain or sad."
- The manager told us she had given instruction to staff to enable them to understand the basic communication needs of one person who used the 'British Sign Language' (BSL) to communicate. A member of the care staff gave us examples how they communicated with the person to "come for their meal" and how choices of drinks were explained.
- People's communication needs were identified, recorded and highlighted in care plans. Needs were shared appropriately with others. Care plans described support people needed to enable staff to understand their wishes and when people were unable to communicate verbally.
- We observed staff communicating with people. People were given time to respond and their responses

were appropriate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The manager, nurses and care staff were passionate about supporting people to be as independent as possible. Staff we spoke with described how they wanted to do the best for the people in their care.
- We observed good interactions between staff and people throughout the inspection. People attended a 'residents meeting' in the afternoon and 'friends of Shipley Hall' also attended the meeting. Activities included games of skittles and arts and crafts and one person was happy drawing on an electronic note pad.
- 'This is me' documents within people's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed.
- We noted the activity coordinator only worked two days each week. One day focussing on activities and the second was as the hairdresser. The manager showed us the staff rotas which indicated that when the coordinator was not working staff were allocated two hours in the afternoon to provide activities.
- We asked the manager how she prevented people from being socially isolated. She told us where people preferred or needed to spend time in their bedrooms 15-minute checks were made. These checks were to assist with personal care and to chat to the person. We saw records which confirmed these checks were taking place.

Improving care quality in response to complaints or concerns

- People told us they had seen information about the service's complaints policy, but most people said they had not used this as they did not have any concerns about the service. One person said, "I would tell my carer if I had anything to complain about." Relatives confirmed they had never made a complaint.
- There were no open or unresolved complaints and we saw positive feedback for the service. The manager regularly communicated with the staff, people who used the service, their family members and other healthcare professionals. By having this approach concerns could be dealt with quickly.

End of life care and support

- At the time of the inspection no-one was being supported with end of life care needs.
- People's preferences in relation to end of life support was explored during the care planning process. Care plans included what was important to them and their final wishes such as burial or cremation who they wanted to be involved, and their wishes when they were approaching the end of their life. For example, to stay at the service or transferred to hospital.
- Nursing staff ensured medicines were obtained to manage any future symptoms such as pain for people approaching the end of their life, so they were available when needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a very positive culture of learning and support across the home. The manager showed an open and transparent approach and was passionate about promoting a person centred, inclusive and empowering culture. However, one person said they found the manager to be a bit unapproachable.
- The manager and staff recognised the importance of the views of people who use the service and their relatives. Nursing staff held regular reviews of people's care, which gave opportunities to express any concerns they may have about the care provided.
- Staff told us the manager, nurses and team leaders were supportive, and were available to offer support and advice. If they had any concerns or things had gone wrong, they felt able to speak about it.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong.
- The manager had sent us written notifications about any important events when they happened at the service to help us check the safety of people's care when needed.
- The provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager, nurses and care staff were clear about their roles. There were clear support and reporting structures for staff. Care staff were aware of who they should go to with concerns.
- Systems and processes were in place for the auditing of all aspects of care, including care plans and delivery of care, as well as the health and safety of the building and the control and prevention of infection.
- The manager was aware of where improvements needed to be made; for example, making the service more dementia friendly.
- There were systems and processes in place, and the manager and nurses understood their responsibilities for reporting to CQC or other bodies such as the local authority. For example, reporting any safeguarding allegations.
- People and their relatives were encouraged to complete a satisfaction survey twice a year. The manager

told us surveys had recently been sent out and they were awaiting forms returning before establishing any action needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were observed seeking guidance and reassurance from the nurses and team leaders throughout the inspection. The atmosphere was relaxed, with staff engaging with people. People continued to be treated equally and had their differences respected.
- The service engaged with people in the community to develop positive relationships. For example, religious services.

Continuous learning and improving care

- The manager had systems in place to learn from events. For example, when a medicine error occurred, the manager introduced new guidelines to minimise the risk of further errors taking place.
- Staff meeting were used to discuss incidents and accidents. This meant staff were involved in the developments and progress of the service.
- Regular meetings were organised by the manager which gave staff the opportunity to reflect on both the good and areas where the service could further be developed.

Working in partnership with others

- The manager told us they worked closely with outside agencies to ensure people received appropriate care and support.
- We received positive feedback from clinical quality manager for Derbyshire CCG. They said, "The manager acts swiftly to rectify any issue raised."